

**FIRST COAST SERVICE OPTIONS  
FLORIDA MEDICARE PART B  
LOCAL COVERAGE DETERMINATION**

**CPT/HCPCS Codes**

71555 Magnetic resonance angiography, chest, (excluding myocardium), with or without contrast material(s)

**MRA of chest (procedure code 71555)**

|               |   |
|---------------|---|
| 415.0         | Acute cor pulmonale                                   |
| 415.11-415.19 | Pulmonary embolism and infarction                     |
| 416.0         | Primary pulmonary hypertension                        |
| 416.8         | Other chronic pulmonary heart diseases                |
| 416.9         | Chronic pulmonary heart disease, unspecified          |
| 441.01        | Thoracic dissection of aorta                          |
| 441.03        | Thoracoabdominal dissection of aorta                  |
| 441.2         | Thoracic aneurysm without mention of rupture          |
| 441.7         | Thoracoabdominal aneurysm, without mention of rupture |
| 786.00        | Respiratory abnormality, unspecified                  |
| 786.05        | Shortness of breath                                   |
| 786.06        | Tachypnea   |
| 786.3         | Hemoptysis  |

**Indications and Limitations of Coverage and/or Medical Necessity**

Magnetic Resonance Angiography (MRA) is an application of magnetic resonance (MR) imaging that provides visualization of blood flow, as well as images of normal and diseased blood vessels. Since MRA contrast agents are not nephrotoxic and are rarely associated with allergic type reactions, MRA without or with gadolinium-based contrast enhancement is an imaging alternative for patients who cannot tolerate iodine-based contrast media.

Although MRA appears to be a rapidly developing technology, the clinical safety and effectiveness of this procedure for all anatomical regions has not been proven. As a result Medicare will provide coverage on a limited basis. Below are the indications for which Medicare coverage is allowed for MRA. All other uses of MRA will not be covered.

**Chest (procedure code 71555)**

*a. Diagnosis of Pulmonary Embolism*

*Patients who are allergic to iodinated contrast material face a high risk of developing complications if they undergo pulmonary angiography or computed tomography angiography. Therefore, Medicare will cover MRA of the chest for diagnosing a suspected pulmonary embolism only when it is contraindicated for the patient to receive intravascular iodinated contrast material.*

*b. Evaluation of Thoracic Aortic Dissection and Aneurysm*

*Medicare will provide coverage only for MRA or for CA when used as a diagnostic test. However, if both MRA and CA of the chest are used, the physician must demonstrate the medical need for performing these tests. While the intent of this policy is to provide reimbursement for either MRA or CA, CMS is also allowing flexibility for physicians to make appropriate decisions concerning the use of these tests based on the needs of individual patients.*